

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001798

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DATE
SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Independence

d. STREET ADDRESS

1020 Farview Drive

3. NAME OF DECEASED (Type or print)

First

Shirley

Middle

S.

Last

Kendrick

4. DATE OF DEATH

Month

Jan.

Day

18,

Year

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/12/1927

9. AGE (last birthday)

35

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10b. KIND OF BUSINESS OR INDUSTRY

T. W. A.

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Guy G. Simpkins

13b. MOTHER'S MAIDEN NAME

Ethel Yocum

14. NAME OF HUSBAND OR WIFE

Dr. John E. Kendrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

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17. INFORMANT

Dr. John E. Kendrick 1020 Farview Dr.

18. CAUSE OF DEATH (Enter only one cause per line - for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Atelectasis and hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Massive bilateral pleural effusion

5 months

DUE TO (c) Metastatic scirrhus carcinoma to the pleura

2 years

~~from the right breast~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 27, 1959, to January 18, 1962 and last saw her alive on January 18, 1962

Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Independence Boulevard
Kansas City 24, Missouri

22c. DATE SIGNED

1/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Jan. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Brooking Cemetery

23d. LOCATION (City, town, or county)

Raytown, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-20-62

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Eary

Licensed Embalmer No. 4728

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.